

Planning for A Home Birth

**Obstetrics & Gynaecology
Women & Children's Services**

This leaflet has been designed to give you important information about your condition / procedure, and to answer some common queries you may have.

Information for patients and visitors

Introduction

This information leaflet has been produced for women who are having a home birth. It includes details on the risks and benefits of a home birth, what to expect, and what you will need in preparation for a home birth.

Who can have a home birth?

Any woman can choose to have a home birth, including women having their first baby. However, there are instances when a home birth may be unwise and your midwife or doctor will discuss these with you.

Who will be there?

A midwife will attend any woman choosing to have a home birth. Midwives are experts in normal pregnancy, birth and care of you and your baby following birth (NMC 2012).

The community midwives work in a team and will provide your antenatal, labour and postnatal care. However the midwife on duty when you go into labour may not necessarily be someone you know as the midwives take turns to be on duty.

Is it safe?

Evidence from research suggests that a planned home birth is a safe option and there is a significantly higher rate of normal births for women who plan a home birth (NCT 2008, NICE 2007).

There are lower rates of interventions (RCOG / RCM2007), whilst many women also report feeling much more satisfied with their birth experience at home when compared to a hospital birth (NCT 2008).

The perinatal mortality rate (stillbirths and deaths of babies in the first few weeks of life) is significantly lower in planned home births (CEMD 2008).

How to Contact the Midwife

When you are in labour, for Scunthorpe area women - contact the Maternity Unit Central Delivery Suite on 03033 302270

For the Grimsby area please contact the Team you are booked under:

Blueberry Team – 03033 304789

Holly Team – 03033 304790

Honeysuckle Team – 03033 304794

Jasmine Team – 03033 304787

Please tell the midwife you speak to that you are booked for a home birth. Give your name address, telephone number. The midwife taking your call will discuss all aspects of your labour



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to date and advise you accordingly. The community midwife will be contacted and she will telephone you and make arrangements to visit.

When to Call the midwife

All women should contact the Maternity Unit if they have any concerns or anxiety at any time.

- You should contact the Maternity Unit when your contractions are strong and regular 5-10 minutes apart. Second babies often arrive more quickly than the first, so you may need to contact the Midwifery Unit sooner
- If your waters break, with or without contractions
- Once labour is established, the midwife will stay with you at your home
- If you have any concerns in regards to your babies movements, please contact the Maternity team on the numbers provided in your green notes
- If you have fresh red vaginal bleeding

Please ensure your home is easily identifiable by the midwife. If it is at night please put on your house lights until the midwife has arrived.

If your home is not easy to access or does not have a number / name plaque displayed, please arrange for an adult to meet the midwife at the door, gate or nearest accessible tarmac road.

Please leave your telephone answer machine off until the midwife has arrived in case she tries to phone you.

Coping in Labour

The midwives will be helping and supporting you to cope whilst in labour, encouraging you to keep mobile and upright. You will have discussed with your midwife your chosen method of coping / support in labour at your birth plan.

Once labour is established, the midwife will stay with you at your home.

Women who labour and deliver at home report needing fewer drugs for pain relief (RCOG / RCM 2007). Women at home tend to be more relaxed, feel in control and are able to cope with the pain of their contractions (NCT 2008).

You may wish to consider non-drug methods of pain relief, such as TENS, relaxation and breathing, being active and changing position regularly, as well as water (you can have a home water birth, but you will need to hire your own birthing pool).

You will also have access to Entonox (gas and air), which is brought to your house by the midwife.

Opioid drugs and epidurals are not available at home, should you want stronger pain relief you will be transferred into hospital.



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How will the midwife monitor me and my baby?

Your baby's heart rate will be listened to at regular intervals throughout labour with either a pinnard stethoscope (ear trumpet) or Doppler (ultrasound). This is usually every 15 minutes in the first stage of labour and every 5 minutes in the second stage of labour.

Your contractions and progress will be monitored throughout labour ensuring you are making progress and that you are coping.

Throughout labour the midwife will take your temperature, pulse and blood pressure and will test a sample of urine at regular intervals.

What You Need to Arrange / Supply

- The midwife will encourage you to have a regular intake of fluid and light diet and to have a rest as well as active periods throughout the labour
- 24 hour access to a telephone
- Ensure there is adequate heating in the room you plan to give birth in
- A clean / hot water supply
- Plastic sheeting for the floor – available from DIY stores
- Plastic mattress cover to protect mattress
- Old clean sheets and towels

For You:

- Breastfeeding bra
- Packet of maternity towels
- Old pants / paper pants are useful
- Packed overnight bag (in case of transfer to hospital)
- Old T shirt / night dress for labour

For Baby:

- 2 soft towels (old but clean), a vest, baby grow or nightdress, nappies, cotton wool, cot sheets and blankets

For Midwife:

- Any soap in dispensable container
- Towel for hand drying
- Torch and mirror may be useful during birth

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Information on Storage of Equipment That May be Left at the House in Readiness for Your Baby's Birth

The following information is to help provide you with knowledge and understanding of equipment that has been left in your home by the Community Midwife.

Equipment is needed in readiness for your delivery, in order that your home is prepared and items are quickly available to midwifery staff. It is safe to store the equipment providing the following advice is adhered to.

Should entonox and oxygen cylinders be left in the home they must not be tampered with:

- Gases must be stored horizontally
- The area must be well ventilated – free from sources of ignition, heat sources and flammable substances and not affected by frost
- Smoking is prohibited where medical gases are stored and used
- Children should not have access to the storage area / room
- Placed in an environment between 10°C and 35°C a thermometer will be supplied to check this
- It is important to display gases sign in your window and if in the event of a fire in the house that the fire brigade are instructed to the exact location of the gases in the house, as there may be a risk of them bursting if exposed to a fire
- Your home insurance company must be informed that they have medical gases stored in the house; otherwise your policy may not be valid
- Should you be worried about leakage from the cylinders please telephone your midwifery team contact number anytime day or night. Oxygen is an odourless gas that is present in the atmosphere; a hissing sound may indicate leakage. Entonox is sweet smelling colourless gas

Your midwife will discuss these issues with you and ensure you are happy to have this equipment in your home. You will be asked to sign a checklist to agree that the midwife has provided you with all the information and you accept and understand the issues discussed.

From 37 weeks of pregnancy you will be seen weekly and checks made by the midwife to ensure equipment is stored satisfactorily, a birth pool assessment will be done if needed.

Once your home birth has taken place arrangements will be made for the collection of gases and equipment.

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Reasons You May be Transferred into Hospital

In certain circumstances the midwife will advise that transfer into hospital is necessary. This journey is made by paramedic ambulance and the midwife will accompany you. Your partner will have to follow in their own vehicle. Some possible reasons why transfer to hospital is recommended:

- Labour starts before 37 weeks or after term +12 days of pregnancy
- If labour has not started by 24 hours after the waters breaking –prolonged rupture of membranes
- If the waters are brown/green (meconium). This indicates that the baby has opened his / her bowels, which may be a potential risk and the baby needs monitoring continuously and a paediatrician may be present at the birth
- Antenatal bleeding
- Raised blood pressure or temperature
- Abnormal heart rate
- Slow progress in labour
- Malpresentation of the baby
- Choice for more pain relief
- Retained placenta
- Babies condition at birth unsatisfactory
- Low birth weight 2.5Kg
- High birth weight 4.5kg or above
- Postnatal bleeding
- Third degree tear (tear to perineum which is more complex than those that can be sutured at home).

In the event of needing to transfer to hospital the midwives decision should be respected and supported.

Whilst the midwives do their absolute best to ensure that they can accommodate your wish for a home birth, there are occasions when this is not possible due to unforeseen circumstances such as:

- Several home births happening at once
- Severe weather that may compromise the midwives safety
- Sudden sickness of midwife
- Excessive workload on the maternity unit



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In these situations we would ask your cooperation in delivering your baby at the hospital maternity unit. We would endeavor to make it a home from home experience and facilitate early discharge home, firstly ensuring mother and baby's wellbeing.

What if you need stitches?

In the event of tears and episiotomies which need stitching the midwife will be able to suture you at home. Small tears may be left to heal naturally. If the tear is more complex you may need to transfer to hospital for stitching. If this is necessary your baby and your support person could accompany you.

Vitamin K

Vitamin K will be offered to your baby. A leaflet will have been given to you at booking and discussed at your birth plan with the midwife. If you are unsure please speak to your midwife.

After the Birth

Your midwife will stay with you for at least one hour after the birth of your baby when skin to skin will be encouraged. If you wish to breastfeed she will help you put the baby to the breast as soon after delivery as possible.

If you have decided to bottle feed your baby, the midwife will ensure that your baby has taken a first feed. When your midwife leaves she will ensure that you have a telephone number you can call if you have any worries or concerns and arrangements will be made for a further visit.

The midwife will also arrange for your baby's first physical examination. Usually this will be undertaken by a midwife qualified in the "examination of the newborn", if there isn't a midwife available an appointment will be made to attend the hospital. The examination will include listening to the heart, checking hips and eyes and is undertaken within the first 72 hours after birth.

You will need to register your baby's birth within 6 weeks of the birth.

Reference Section

CEMD (2008) Perinatal Mortality 2006

NCT Briefing: Home Birth (2008) policy. www.research@nct.org.uk

NMC (2012) Midwives Rules and Standards

RCOG / RCM (2007) Joint statement: Home Births

(2004) Department of Health National Service Framework for Children, Young People and Maternity Services. London. Stationery Office.

(2005) Place of birth: informed choice leaflets MIDIRS, Bristol at www.infochoice.org



Information for patients and visitors

Contact Details for Further Information

Grimsby / Louth 03033 304800

Scunthorpe Area Community Teams

Barton 01652 660052

Brigg 03033 306860

Scunthorpe 03033 302050

Isle 01724 712925

Goole 03033 304079

Patient Advice and Liaison Service (PALS)

The Patient Advice and Liaison Service offers confidential advice, support and information on any health related matters.

If you have a comment, concern, complaint or compliment about the care or service you have received from the Trust you can contact the PALS team as follows:

Telephone: 03033 306518

Email: nlg-tr.PALS@nhs.net

There are also offices at both the Diana Princess of Wales Hospital (near the main entrance) and Scunthorpe General Hospital (on the C Floor, near the outpatient department), should you wish to visit.

Please note: PALS should not be contacted for clinical advice relating to the content of this leaflet. The service should be contacted directly in the first instance.

Confidentiality and How We Use Data

Personal information on NHS patients is collected and recorded within paper and electronic formats primarily to support high quality care that is safe and effective. To do this, information is also used to support quality improvement activities, investigate any concerns you may raise as well as to support and understand NHS performance. All NHS staff have a legal duty to keep information about you confidential.

Information will only ever be shared with people who have a genuine need for it. Other circumstances where information may be shared include administrative teams to plan future care needed, commissioners of Trust services, other NHS or social care providers and in some cases voluntary sector providers.



Information for patients and visitors

Zero Tolerance - Violent, Threatening and Abusive Behaviour

The Trust and its staff are committed to providing high quality care to patients within the department. However, we wish to advise all patients / visitors that the following inappropriate behaviour will not be tolerated:

- Swearing
- Threatening / abusive behaviour
- Verbal / physical abuse

The Trust reserves the right to withdraw from treating patients who are threatening / abusive / violent and ensuring the removal of those persons from the premises.

All acts of criminal violence and aggression will be notified to the Police immediately.

Risk Management Strategy

The Trust welcomes comments and suggestions from patients and visitors that could help to reduce risk.

Perhaps you have experienced something whilst in hospital, whilst attending as an outpatient or as a visitor and you felt at risk.

Please tell a member of staff on the ward or in the department you are attending / visiting.

Moving & Handling

The Trust operates a Minimal Lifting Policy, which in essence means patients are only ever lifted by nursing staff in an emergency situation.

Patients are always encouraged to help themselves as much as possible when mobilising, and if unable to do so, equipment may be used to assist in their safe transfer.

If you have any questions regarding moving and handling of patients within the Trust, please speak to a member of staff in the ward or department you are visiting.

Information for patients and visitors

Northern Lincolnshire and Goole NHS Foundation Trust

Diana Princess of Wales Hospital
Scartho Road
Grimsby
DN33 2BA

Scunthorpe General Hospital
Cliff Gardens
Scunthorpe
DN15 7BH

Goole & District Hospital
Woodland Avenue
Goole
DN14 6RX

03033 306999

www.nlg.nhs.uk

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